

REQUEST NO. _____ - _____

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MICROCOMPUTER REPAIR REQUISITION**

PART I: To be completed by MIS

A. IDENTIFYING INFORMATION

1. DATE RECEIVED ____/____/____ BY _____(Initials)
2. REQUESTOR/UNIT _____
3. ADDRESS _____
4. COST CODE _____
5. CONTACT PERSON _____ 6. TELEPHONE (____) _____-

B. ITEM DESCRIPTION

1. ITEM TO BE REPAIRED _____
2. MANUFACTURER / BRAND _____
3. MODEL NO. / VERSION _____
4. SERIAL NO. _____ 5. DATE PURCHASED ____/____/____
6. L.A. CO. TAG NO. _____ 7. DMH TAG NO. _____
8. IS EQUIPMENT STILL UNDER WARRANTY? YES ____ NO ____

C. PLEASE DESCRIBE THE PROBLEM (including error messages if indicated):

D. DISPOSITION

1. IS MIS ABLE TO REPAIR? YES ____ NO ____
2. REFER TO MANUFACTURER/TECHNICAL SUPPORT? YES ____ NO ____
3. REFER TO ADMIN. SERVICES FOR VENDOR REPAIR? YES ____ NO ____
- DATE SENT TO ADMINISTRATIVE SERVICES ____/____/____

MIS STAFF SIGNATURE

PART II: To be completed by Administrative Services

- A. DATE REQUEST RECEIVED FROM MIS ____/____/____
- B. RECEIVED ITEM TO BE REPAIRED? YES ____ NO ____ N/A ____
- C. NAME OF REPAIR VENDOR CONTACTED _____
- D. DATE COMPLETED ____/____/____

SIGNATURE/DATE